



BASIC DEATH REGISTRATION FOR FUNERAL HOMES



BASIC DEATH REGISTRATION

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Basic Death Registration Checklist

Funeral Home Part 1 – Starting a Death Record

- ☐ Log into TxEVER and Select the DEATH Tab
- ☐ Start a new record
- ☐ Verify there are no Duplicate Records
- ☐ Complete all Yellow Fields on all Demographic tabs.
- ☐ Print the Verification of Death Facts; have the Informant sign it.
- ☐ Assign the Medical Certifier for the Record.

Medical Certifier – Medical Data Entry

- ☐ Log into TxEVER and Select the DEATH Tab
- ☐ Accept the death record assigned.
- ☐ Complete the Medical Data Entry (Tabs 1 through 3)
- ☐ Medically Certify the Record.

Funeral Home Part 2 – Demographic Verification and Release

- ☐ Log back into TxEVER and locate the Record the Medical Certifier Certified
- ☐ Complete the DCOA Order
- ☐ Demographically Verify the Record
- ☐ Release the Record





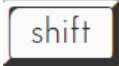

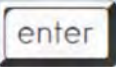
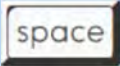






~ State Office Reviews and Accepts the Record ~

Local Registrar – Accepts and Prints the Record

- ☐ Log into TxEVER and Select the DEATH Tab
- ☐ Accept the record
- ☐ Print the Local Copy – the Local file number and Local File Date will be automatically assigned.
- ☐ Index the new record within the Local's Files



Keyboard Shortcuts

Press T or 	Enters current date in any date field.
Press T and  or 	Enters the current date and you can populate a day before or after.
Tab or 	Moves forward from one box/field to another box/field.
Shift Tab or  + 	Moves backward from one box/field to another box/field.
Enter or 	Activates the next button on the page.
1st Letter of a Word	Enters selection from pick list of a dropdown list. Scroll through that letter.
Space Bar or 	Selects a radio button or check box.
Arrow Keys or  or 	Moves from one radio button to the next. Right to Left or Left to Right.
Down Arrow or 	Opens a dropdown list.
Escape or 	Closes a dropdown list.
Ctrl + S or  + 	Saves the current record.
State Abbreviations	Selects the associated State by typing the first letter.

Diacritical Marks

TxEVER will allow the use of Diacritical Marks. To insert a diacritical mark within a name, Press and Hold the "ALT" key and type the 3 or 4 digit code. Release the "ALT" key and the respective diacritical mark will appear. Example: **ALT+128 = Ç**

ALT Code	Name	ALT Code	Name
128	Ç Diacritical Mark	0200	È Diacritical Mark
142	Ä Diacritical Mark	0205	Í Diacritical Mark
144	É Diacritical Mark	0207	Ï Diacritical Mark
153	Ö Diacritical Mark	0204	Ì Diacritical Mark
154	Ü Diacritical Mark	0211	Ó Diacritical Mark
165	Ñ Diacritical Mark	0210	Ò Diacritical Mark
0193	Á Diacritical Mark	0213	Õ Diacritical Mark
0194	Â Diacritical Mark	0218	Ú Diacritical Mark
0192	À Diacritical Mark	0217	Ù Diacritical Mark
0195	Ã Diacritical Mark	0221	Ý Diacritical Mark
0235	Ë Diacritical Mark		



BASIC DEATH REGISTRATION STARTING A DEATH RECORD

LOG INTO TxEVER

Log into TxEVER via the web <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

The screenshot shows the TxEVER login page. At the top left is the Texas Health and Human Services logo. To its right is the text "Texas Department of State Health Services". On the top right is a small circular logo with a blue and white design. Below the logos is a blue banner with the text "Welcome to the Texas Department of State Health Services!". Below the banner is a large image of a smiling woman holding a baby. Overlaid on the bottom right of this image is a yellow button that says "LOG IN to TxEVER". A red speech bubble points to this button with the text "Step 1: Click here to open the TxEVER log in". Below the image is a blue section with white text: "TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc. DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday. State vital records are considered to be private and confidential. Access to vital records is restricted by statute." Below this is a section titled "Contacting the Texas Department of State Health Services(DSHS)". It contains two columns: "Telephone Numbers:" and "Mailing Address:". The "Telephone Numbers:" column has a table with three rows: "Vital Events Registration System", "Fax Number", and "Vital Records - Customer Service". Each row has a "Phone Number" and "Hours". The "Mailing Address:" column has the address "Texas Department of State Health Services, State Office of Vital Records, Address: 1100 West 49th Street, Austin, TX 78756" and the phone number "Ph: (512) 776-7111". At the bottom of the page, there is a yellow button that says "Log on to Texas Department of State Health Services". Below this button are two links: "User Enrollment" and "Report TxEVER Issue(s)". A dashed line points from the "User Enrollment" link to a grey box on the right that says "Click here to enroll OR update your user account". Another dashed line points from the "Report TxEVER Issue(s)" link to a grey box on the left that says "Click here to report issues with TxEVER".

TEXAS
Health and Human
Services

Texas Department of State
Health Services

Welcome to the Texas Department of State Health Services!

LOG IN to TxEVER

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Contacting the Texas Department of State Health Services(DSHS)

Telephone Numbers:			Mailing Address:
Description	Phone Number	Hours	
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	Texas Department of State Health Services
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	State Office of Vital Records
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	Address: 1100 West 49th Street, Austin, TX 78756
			Ph: (512) 776-7111

Log on to Texas Department of State Health Services

User Enrollment
Report TxEVER Issue(s)

Click here to report issues with TxEVER

Click here to enroll OR update your user account



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Texas Department of State
Health Services



TxEVER Terms of Use

WARNING: THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

Yes

No

Step 2: Click Yes to agree to the terms and conditions and gain access to TxEVER.



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Texas Department of State
Health Services



Login

User Name:

komieatty1

Password:

[Forgot Password?](#)

Log In

Step 3: Type your
TxEVER user name and
password.

Forgot your password?
Click here to reset password.

Step 4: Click "Log In".



Location

Find important news and updates in the TxEVER broadcast message area.

Step 5: Select your user location. Use dropdown if you have multiple locations/offices.

Step 6: Click "OK."

Message By: VFARINELLI On 3/13/2018 10:53:11 AM

This message should be seen by ALL users

Select Location:

BEAUTIFUL BEGINNINGS - (BIRTH)

OK

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

ALICIA WESTWORLD, we

FUNCTION TOOLS HELP

LogOut

Step 7: Select Death Module Tab to start the Death Registration.

Helpful Tip: Click "Show Dashboard" for a list of different reports regarding records

Show Dashboard

Dashboard filters: RECORD NOT FILED WITHIN 10 DAYS OF DEATH

--Select a value--

RECORD NOT FILED WITHIN 10 DAYS OF DEATH

RECORD RETURNED FOR CORRECTION FROM STATE

ALL UNRESOLVED

EDR # Medical Case Number Date Of Death Date Of Birth Decedent

Page 1 of 1

No records to display.


Helpful Tip: Click on Dashboard Filters to see a dropdown of record options like "Records not filed within 10 days of Death", "Records Returned for Correction from State", and "All Unresolved".



The TxEVER Dashboard is a tool that helps track, analyze, and displays information regarding registration. The Dashboard is the most efficient way to track multiple record statuses.

[Skip to main content](#)

GLOBALDEATH



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ALICIA WESTWORLD , welcome to the Texas Department of State Health Services

FUNCTION

[Demographic Data Entry](#)[Facility Statistical Correction](#)[Permit Print Queue](#)[Funeral Home Processes](#)[Switch Location](#)[Exit Application](#)


TOOLS

HELP



Show Dashboard

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0

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Step 8: Click the dropdown arrow next to "FUNCTION" to be taken to the Demographic Data Entry

Step 9: Select "Demographic Data Entry" to start a new death record, search, save, or abandon a record from your work queue.

Quick Overview of the Death Icons

Skip to main content GLOBAL DEATH

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FUNCTIONS RECORD TOOLS

Navigation buttons for switching between registration tabs

DEMOCRAPHIC DATA ENTRY

Unresolved Work Queue Filter: --Select a value--

Help tips

Search for a Record

Save Current Record

CANCEL current changes since last save

Designate the Medical Certifier

Print Verification of Death Facts

Navigation buttons for switching between records in queue

Start NEW Record

Send a Reminder to the Medical Certifier

State File Number: Death State File Number: Record Type: --Select a value--

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action:

Default Mode

DATE OF DEATH

Date of Death: *

TIME OF DEATH

Time Of Death Type: --Select a value--

Time Of Death: --Select a value--

Time Of Death Indicator: --Select a value--

DECEDENT'S SEX

Sex: * --Select a value--

Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date Of Birth: --Select a value--

Age Units: --Select a value--

Age: --Select a value--

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) --Select a value--

County Of Birth: --Select a value--

City Of Birth: --Select a value--

DECEDENT'S SSN

SSN: --Select a value--

Social Security Missing Value Variable: --Select a value--

SSN Verification Status:

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services

Step 10: Click NEW Icon to start a new record.

FUNCTIONS RECORD TOOLS HELP

DEMOCRATIC DATA ENTRY

Unresolved Work Queue

Red Asterisks (*) are MANDATORY Fields and cannot be left blank

Help tips

New Record

GENERAL

Date Of Death Type: *
ACTUAL DATE OF DEATH

Date Of Death: *

SSN:

SSN Missing Value Variable:
--Select a value--

Record Type: *
IDENTIFIED

EDR Number:

MED Rec:

ME Case Number:

DECEDENT

First Name: Middle Name: Last Name: *

Generational ID: Date Of Birth: Gender: *

--SELECT A VALUE--

PLACE OF DEATH

Type Of Place Of Death:
--Select a value--

Place Of Death:
--Select a value--

Yellow Fields without red asterisks (*) are not mandatory on this window. Filling them out will transfer the information to the main window.

Find Record Cancel


A New Record window will open requesting information about the decedent.

- The information obtained here will be used to search for a duplicate record.
- Duplicate records relinquished by other funeral homes will be available to take the ownership of the record.
- If there are no duplicates, the information typed here will transfer to the main page.

Helpful Tips

Use your keyboards TAB key to move the cursor to each field.

[Skip to main content](#) GLOBAL DEATH LogOut

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FUNCTIONS RECORD TOOLS HELP

EDR: Filing Deadline: Unresolved Work Queue Filter: DEMOGRAPHIC DATA ENTRY Unresolved Work Queue:

New Record

GEN

Date Of Death Type:*
ACTUAL DATE OF DEATH

Date Of Death:*
04/27/2018

SSN:
--Select a value--

SSN Missing Value Variable:
--Select a value--

Record Type:*
IDENTIFIED

EDR Number:

MED Rec:

ME Case Number:

Double Data Entry

This field is required double data entry. Please re-enter the value.

Re-enter Value:

OK

Place Of Death:
--Select a value--

Find Record Cancel

Step 11: After providing general information, Click "Find Record"

Skip to main content GLOBAL DEATH LogOut

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FUNCTIONS RECORD TOOLS HELP

DEMOCRATIC DATA ENTRY

Unresolved Work Queue: --Select a value--

Unresolved Work Queue: --Select a value--

New Record

GENERAL

Date Of Death Type: ACTUAL DATE OF DEATH

Date Of Death: 04/27/2018

SSN: --

SSN Missing Value Variable: UNKNOWN

Record Type: IDENTIFIED

EDR Number:

MED Rec:

ME Case Number:

DECEDENT

First Name: ANY Middle Name: DECEASED Last Name: PERSON

Generational ID: --SELECT A VALUE-- Date Of Birth: --

Gender: UNKNOWN

New Record

No matching record was found. Do you want to create a new record?

OK Cancel

Step 12: No Matching records found. Click "OK" to create a new record to continue entering data

Decedent's Sex: --Select a value-- Decedent's Date Of Birth: --

Sex: --Select a value-- Date Of Birth: --

Marital Last Name: --Select a value-- Age Units: --Select a value--

Age: --

Decedent's Residence: --Select a value-- Decedent's SSN: --

State/Country: (Please click dropdown to filter countries only) --Select a value-- SSN: --

Country Of Birth: --Select a value-- Social Security Missing Value Variable: --Select a value--

City Of Birth: --Select a value-- SSN Verification Status: --

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value-- DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: --Select a value-- 0

Unresolved List / Stakeholders

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action: Updating Record

GENERAL INFORMATION

State File Number: Birth State File Number: Record Type: * IDENTIFIED

DECEDENT'S LEGAL NAME

Prefix: --Select a value-- First Name: ANY

Middle Name: DECEASED Last Name: * PERSON

Generational ID: --Select a value--

DATE OF DEATH

Date of Death Type: * ACTUAL DATE OF DEATH Date of Death: * 04/27/2018

TIME OF DEATH

Time Of Death Type: --Select a value-- Time Of Death: Time Of Death Indicator: --Select a value--

DECEDENT'S SEX

Sex: * UNKNOWN Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date Of Birth: Age Units: --Select a value-- Age:

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) --Select a value-- County Of Birth: --Select a value-- City Of Birth: --Select a value-- City(Other):

DECEDENT'S SSN

SSN: Social Security Missing Value Variable: UNKNOWN SSN Verification Status:

Previous Save Next

The Data provided on the "New Record" pop up window is transferred to the matching fields on the demographics tabs.

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue: --Select a value-- **CHIC DATA ENTRY** Unresolved Work Queue: --Select a value-- 0

Unresolved List / Stakeholders

Demographic 1
Demographic 2
Demographic 3
Demographic 4
Demographic 5
Medical 1
Medical 2
Medical 3
Comments

ACTIVITY:
Field Name:
Field Status:
Action: Updating Record

State File Number: Record Type: * IDENTIFIED

DECEDENT'S LEGAL NAME

Prefix: --Select a value-- First Name: ANY
Middle Name: Last Name: * PERSON
Generational ID: --Select a value--

Date of Death Type: * Date of Death Indicator: --Select a value--
ACTUAL DATE OF DEATH: Of Death Indicator: --Select a value--

Time Of Death Type: --Select a value-- Complete Later Leave Blank

DECEDENT'S

Sex: * Maiden Last Name: Date of Birth: --Select a value--

DECEDENT'S

State/Country: (Please click checkbox to filter countries only) Decedent's SSN: Priority Missing Value: UNKNOWN
County Of Birth: City Of Birth: --Select a value-- Marital Status: City(Other):

Previous Save Next

Alert
You have left this item blank. Leaving it blank will mean 'none' for this item unless you wish to complete it later.

Yellow Fields still need to be addressed. If it has a Red Asterisk (*), then it is mandatory. If not, select it and tab out to show it was reviewed.

Some Fields, though not mandatory, want to verify you intended to leave blank or give you the option to complete later.

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a v DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: 0

Please select Social Security Missing Va

Step 13: Complete all Yellow Fields. Once all fields have been filled in or addressed, a Green Check Mark (✓) will appear next to the tab showing the tab as completed.

Unresolved List / Stakeholders

✓ Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Social Security Missing Value Variable: UNKNOWN

Field Status: Resolved

Action: Updating Record

GENERAL INFORMATION

State File Number: Birth State File Number: Record Type: * IDENTIFIED

DECEDENT'S LEGAL NAME

Prefix: First Name: ANY

Middle Name: Last Name: * PERSON

Generational ID: --Select a value--

DATE OF DEATH

Date of Death Type: * ACTUAL DATE OF DEATH Date of Death: * 04/27/2018

TIME OF DEATH

Time Of Death Type: ACTUAL TIME OF DEATH Time Of Death: 08:30 Time Of Death Indicator: MILITARY

DECEDENT'S SEX

Sex: * UNKNOWN Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date Of Birth: 01/01/1901 Age Units: YEARS Age: 117

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) CALIFORNIA

SAN BERNARDINO

VICTORVILLE

SSN: Social Security Missing Variable: SSN Verification Status:

Previous Save Next

Step 14: Click "Next" to advance through the Demographic Tabs. The Green Arrows (← →) on the icon bar at the top of the page can also be used to navigate between tabs.

It is recommended to Save often to avoid losing data.

Skip to main content GLOBAL DEATH

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HELP

LogOut

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value--

DEMOCRATIC DATA ENTRY

PERSON, ANY, 2018/04/27

Please select Decedent's Education

Unresolved List / Stakeholders

- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3
- Comments
- ACTIVITY: Decedent's Education: --Select a value-- Field Status: Unresolved Action: Updating Record

Verification of Death Facts has been signed

METHOD OF DISPOSITION

Method: CREMATION (Specify):

BURIAL DETAILS

Unknown Section/Block/Lot/Space Number: Section Number:

Block Number: Lot Number:

Space Number:

Place of Disposition Type: OTHER

Place of Disposition: --Select a value--

State/Country: (Please click checkbox to filter countries only)

TEXAS

City/Town: AUSTIN

Zip: 78756 Zip Ext:

Date Of Disposition: 04/27/2018

NAME AND ADDRESS OF FUNERAL FACILITY

Facility Name: Facility Name(Other):

FINAL DESTINATION FUNERAL HOME - AL

Step 15: Once all Demographics tabs are completed, Print the Verification of Death Facts and have the Informant sign it. Click () to verify the verification has been signed.

TIP: The "Verification of Death Facts has been signed" check box cannot be checked until after printing the Verification of Death Facts (VDF). After printing the VDF, the Demographics 5 Tab Green Check Mark will disappear until the box has been checked.

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Texas Department of Health Services

RECORD TOOLS HELP

LogOut

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value--

DEMOCRATIC DATA ENTRY

Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Please select Decedent's Education

Unresolved List / Stakeholders

- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3
- Comments

ACTIVITY:

Decedent's Education: --Select a value--

Field Status: Unresolved

Action: Updating Record

VERIFICATION OF DEATH FACTS HAS BEEN SIGNED

Verification of Death Facts has been signed

Medical Certifier Designation

Certifier Type: --Select a value--

Facility Name:

And/Or

First Name: Middle Name: Last Name: License:

Designate Search Cancel

Zip: 78756 Zip Ext:

Date Of Disposition: 04/27/2018

NAME AND ADDRESS OF FUNERAL FACILITY

Facility Name: Facility Name(Other):

FINAL DESTINATION FUNERAL HOME - AL

Step 16: Once all Demographics tabs are completed, Assign the Medical Certifier. Click () to designate the Medical Certifier.

Medical Certifier Designation

Certifier Type: --Select a value--

Facility Name: PHYSICIAN
JUSTICE OF THE PEACE
MEDICAL EXAMINER

And/Or

First Name: Middle Name: Last Name: License:

Designate Search Cancel

Step 17: Select Certifier Type

Medical Certifier Designation

Certifier Type: PHYSICIAN

Facility Name: AUSTIN REGIONAL CLINIC

And/Or

First Name: Middle Name: Last Name: License:

Designate Search Cancel

Facility Name	Type	First Name	Middle Name
AUSTIN REGIONAL CLINIC-AUST	PRONOUNCING AND CERT	MAJOR	

Step 18: Type the Facility name and click "Search"

Medical Certifier Designation

Certifier Type: PHYSICIAN

Facility Name: AUSTIN REGIONAL CLINIC

And/Or

First Name: Middle Name: Last Name: License:

Designate Search Cancel

Facility Name	Type	First Name	Middle Name
AUSTIN REGIONAL CLINIC-AUST	PRONOUNCING AND CERT	MAJOR	

Step 19: Select the certifier and click "Designate"

What if you need to Change the Medical Certifier?

As long as the Medical certifier has not started working on the record or has rejected the record, you can repeat steps 15 through 18 to assign a new Medical Certifier.



FUNERAL HOMES DEMOGRAPHIC VERIFICATION AND RELEASE

LOG INTO TxEVER

Log into TxEVER via the web <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

The screenshot shows the TxEVER login page. At the top, there are logos for the Texas Department of State Health Services and the Texas Department of Health and Human Services. Below the logos is a blue banner with the text "Welcome to the Texas Department of State Health Services!". The main image is a photograph of a smiling woman holding a baby. Overlaid on the bottom right of the image is a yellow button that says "LOG IN to TxEVER". A red speech bubble points to this button with the text "Step 1: Click here to open the TxEVER log in". Below the image, there is a paragraph of text about TxEVER and its development. Further down, there is a section titled "Contacting the Texas Department of State Health Services(DSHS)" which contains a table of telephone numbers and a mailing address. At the bottom of the page, there are two yellow buttons: "Log on to Texas Department of State Health Services" and "User Enrollment Report TxEVER Issue(s)". A dashed line points from the "User Enrollment Report TxEVER Issue(s)" button to a grey box on the left that says "Click here to report issues with TxEVER". Another dashed line points from the same button to a grey box on the right that says "Click here to enroll OR update your user account".

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Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	State Office of Vital Records
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	Address: 1100 West 49th Street, Austin, TX 78756
			Ph: (512) 776-7111

Log on to Texas Department of State Health Services

User Enrollment Report TxEVER Issue(s)

Click here to report issues with TxEVER

Click here to enroll OR update your user account



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TxEVER Terms of Use

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Are you in agreement with above stated terms & conditions?

Yes

No

Step 2: Click Yes to agree to the terms and conditions and gain access to TxEVER.





TEXAS
Health and Human
Services

Texas Department of State
Health Services



Login

User Name:

Password:

[Forgot Password?](#)

Step 3: Type your TxEVER user name and password.

Forgot your password?
Click here to reset password.

Step 4: Click "Log In".



Location

Find important news and updates in the TxEVER broadcast message area.

Step 5: Select your user location. Use dropdown if you have multiple locations/offices.

Step 6: Click "OK."

Message By: VFARINELLI On 3/13/2018 10:53:11 AM

This message should be seen by ALL users


Select Location:

BEAUTIFUL BEGINNINGS - (BIRTH)

OK

[Skip to main content](#)

GLOBALDEATH



TEXAS
Health and Human
Services

Texas Department of State
Health Services

[Home](#) | [LogOut](#)

FUNCTION

TOOLS


HELP

[Demographic Data Entry](#)
[Facility Statistical Correction](#)
[Permit Print Queue](#)
[Funeral Home Processes](#)
[Switch Location](#)
[Exit Application](#)

Show Dashboard

ALICIA WESTWORLD , welcome to the Texas Department of State

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0

©2017 | [Genesis Systems, Inc.](#)

Step 7: Navigate back to the Demographic Data Entry screen

[Skip to main content](#) GLOBAL DEATH LogOut

TEXAS Health and Human Services

FUNCTIONS RECORD TOOLS HELP

Step 8: Select "Pending Demographic Verification"

EDR: Filing Deadline: Unresolved Work Queue Filter: Unresolved Work Queue: 0

Help tips

Unresolved List / Stakeholders

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action:

Default Mode

Demographic Data Entry

GENERAL INFORMATION

Birth State File Number:

DECEDENT'S LEGAL NAME

Prefix: First Name:

Middle Name: Last Name: *

Generational ID:

DATE OF DEATH

Date of Death Type: * Date of Death: *

TIME OF DEATH

Time Of Death Type: Time Of Death: Time Of Death Indicator:

DECEDENT'S SEX

Sex: * Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date Of Birth: Age Units: Age:

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) County Of Birth: City Of Birth:

DECEDENT'S SSN

SSN: Social Security Missing Value Variable: SSN Verification Status:

Step 9: Select the record that is ready to be demographically verified and released from the Drop Down List

[Skip to main content](#)
GLOBAL
DEATH
LogOut

TEXAS
 Health and Human
 Services

Texas Department of State
 Health Services

FUNCTIONS ▾
 RECORD ▾
 TOOLS ▾
 HELP ▾

EDR: 000000000182
 Filing Deadline: 7 Day(s)
 Unresolved Work Queue Filter: All Unresolved

DEMOGRAPHIC DATA ENTRY

Unresolved Work Queue: PERSON, ANY, 2018/04/27 2

Help tips

Unresolved List / Stakeholders

Enter a comment below.

☒ Unresolved List
 ☐ Record Stakeholders

RECORD STATUS
Demographic Verification Not Complete

4/27/2018 2:04:10 PM : AWESTWORLD
 AGE IS BETWEEN 100 && 135 YEARS. PLEASE VERIFY. - NO COMMENT

☒ Demographic 4
 ☒ Demographic 5
 ☒ Medical 1
 ☒ Medical 2
 ☒ Medical 3

Comments

ACTIVITY:
 Field Name:
 Field Status:
 Action:
 Retrieving Record

You can Verify that the record is ready for Demographic Verification and Release by clicking on the "Unresolved List/Stakeholders" shortcut. It should show all fields resolved and the Record Status as **"Demographic Verification Not Complete"**.

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services

Step 10: Click "Record" and then select "Demographic Verification"

RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: All Unresolved

DEMOGRAPHIC DATA ENTRY

4/27 2

Help tips

Unresolved List / Stakeholders

- ✓ Demographic 1
- ✓ Demographic 2
- ✓ Demographic 3
- ✓ Demographic 4
- ✓ Demographic 5
- ✓ Medical 1
- ✓ Medical 2
- ✓ Medical 3

Comments

Enter a comment below.

4/27/2018 2:04:10 PM : AWESTWORLD
AGE IS BETWEEN 100 && 135 YEARS. PLEASE VERIFY. - NO COMMENT

Previous Next

ACTIVITY:

Field Name:

Field Status:

Action: Retrieving Record


Search
New
Save
Print
Relinquish
Cancel
Designate Medical Certifier
Refer to JP/Medical Examiner
Demographic Verification
Release
De-verify
Abandon
Order Additional Death Certificates


https://txever.dshs.texas.gov/TxEVERUI/death/gui/Demographic Data Entry/DemographicDataEntry.aspx#

Demographic Data Entry - TxEVER - Google Chrome

Secure | <https://txever.dshs.texas.gov/TxEVERUI/Death/GUI/Demographic%20Data%20Entry/DemographicDataEntry.aspx?FromWhere=DCOA#>


[Skip to main content](#) GLOBAL DEATH [LogOut](#)

 **TEXAS**
Health and Human Services | Texas Department of State Health Services

FUNCTIONS ▾ RECORD ▾ TOOLS ▾ HELP ▾ 

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: --Select a value--

DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 04/27/2018 1

 Help tips

Unresolved List / Stakeholders

Comments

Enter a comment below.

You will be prompted to complete the DCOA Order.
Step 11: Click "Ok"

Death Registration x

Please complete DCOA order

OK

Add Comments View Comments

Demographic 5 ✓
Medical 1 ✓
Medical 2 ✓
Medical 3 ✓

Comments

ACTIVITY:

Field Name:
Field Status:
Action:
Retrieving Record

Previous Next



Death Certificate Order Interface

Record Details

Decedent ID: **182**

Decedent Name: **ANY DECEASED PERSON**

Funeral Home: **FINAL DESTINATION FUNERAL HOME - AUSTIN**

Funeral Director: **ALICIA WESTWORLD**

Requestor Details

Requestor Type: **FUNERAL HOME**

First Name:

Middle Name:

Last/Organization Name: **FINAL DESTINATION FUNERAL HOME**

Suffix: **--Select a value--**

Address1: **1234 POND SPRINGS ROAD**

Address2:

State/Country: **TEXAS**

City/Town: **AUSTIN**

Zip: **78750**

Zip Ext:

Shipping Address Details

☒ Shipping address same as requestor

Shipping Method: **USPS STD SHIPPING**

First Name:

Middle Name:

Last/Organization Name: **FINAL DESTINATION FUNERAL HOME**

Suffix: **--Select a value--**

Address1: **1234 POND SPRINGS ROAD**

Address2:

State/Country: **TEXAS**

City/Town: **AUSTIN**

Zip: **78750**

Zip Ext:

Certificate Details

Type Of Certificate: **DEATH LONG**

No Of Copies: **10**

Cost: **\$ 47.00**

Shipping Fee: **\$ 0.00**

Total: **\$ 47.00**

Verify the Requestor Details is correct.

If shipping to business address you can click the check box "Shipping Address Same as requestor".

Optional: Change the Shipping Method to select faster Shipping. *There will be a charge for different shipping methods.*

Costs and shipping fees will be automatically calculated.

Step 12: Enter the number of Copies you would like to order.

Step 13: Click "Proceed"

Proceed Cancel



Death Certificate Order Interface

Record Details

Decedent ID: 182

Decedent Name: ANY DECEASED PERSON

Funeral Home: FINAL DESTINATION FUNERAL HOME - AUSTIN

Funeral Director: ALICIA WESTWORLD

Requestor Details

Requestor Type: FUNERAL HOME

First Name:

Last/Organization Name: FINAL DESTIN

Address1: 1234 POND SP

State/Country: TEXAS

City/Town: AUSTIN

Zip: 78750

Shipping Address Details

☒ Shipping address same as requestor

Shipping Method: USPS STD SH

First Name:

Last Name:

Last/Organization Name: FINAL DESTINATION FUNERAL HOME

Select a value

Address1: 1234 POND SPRINGS ROAD

State/Country: TEXAS

City/Town: AUSTIN

Zip: 78750

Zip Ext

Certificate Details

Type Of Certificate: DEATH LONG

No Of Copies: 10

Cost: \$47.00

Shipping Fee: \$0.00

Total: \$47.00

Mark Payment Done

☒ Mark Payment Done

Proceed Cancel

System will verify your request for the number of copies of Death Certificates.

DCOA Order

Are you sure you want to order 10 copies of Death Certificate?

Yes

No

Step 14: Click "Yes or No"

[Skip to main content](#) GLOBAL DEATH LogOut

The System will return to the Demographic Data Entry screen after ordering the death certificates.

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 7 Day(s) All Unresolved

DEMOGRAPHIC DATA ENTRY

4/27

Help tips

Unresolved List / Stakeholders

- ✓ Demographic 1
- ✓ Demographic 2
- ✓ Demographic 3
- ✓ Demographic 4
- ✓ Demographic 5
- ✓ Medical 1
- ✓ Medical 2
- ✓ Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action: Retrieving Record

4/27/2018 2:04:10 PM : AWESTWORLD
AGE IS BETWEEN 100 && 135 YEARS. PLEASE VERIFY. - NO COMMENT

Previous Next

Search
New
Save
Print
Relinquish
Cancel
Designate Medical Certifier
Refer to JP/Medical Examiner
Demographic Verification
Release
De-verify
Abandon
Order Additional Death Certificates

Step 15: Click "Record" and then select "Demographic Verification"

<https://txever.dshs.texas.gov/TxEVERUI/death/gui/DemographicDataEntry/DemographicDataEntry.aspx#>

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: SON, ANY, 2018/04/27 1

Help tips

Demographic Verification

DECEDENT'S INFORMATION	
First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	
Prefix:	
Sex:	UNKNOWN
Date Of Birth:	01/01/1901

DEATH INFORMATION	
Date of Death:	04/27/2018
Funeral Director:	ALICIA WESTWORLD
Place of Death:	SETON NORTHWEST HOSPITAL

Preview Cancel Verification

Step 16: Click "Preview" to verify the death record looks completed and there were no mistakes.

DEATH CERTIFICATE

1 / 1



STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER**

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) **ANY** 2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) **APR 27, 2018**

3. SEX **UNKNOWN** 4. DATE OF BIRTH (mm-dd-yyyy) **01/01/1901** 5. AGE-Last Birthday (Years) **117** 6. UNDER 1 YR **IF UNDER 1 YR** 7. BIRTHPLACE (City & State or Foreign Country) **VICTORVILLE, CA**

8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but Separated ☐ Widowed (and not remarried) ☒ Divorced (and not remarried) ☐ Never Married ☐ Unknown 9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)

10a. RESIDENCE STREET ADDRESS **5401 MCCANDLESS ST** 10b. APT. NO. **AUSTIN** 10c. CITY OR TOWN

10d. COUNTY **TRAVIS** 10e. STATE **TEXAS** 10f. ZIP CODE **78756** 10g. INSIDE CITY LIMITS? ☒ Yes ☐ No

11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE **PROUD FATHER PERSON VERY PROUD MOTHER** 12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE

13. PLACE OF DEATH (CHECK ONLY ONE) ☒ If DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify) **SETON NORTHWEST HOSPITAL**

14. COUNTY OF DEATH **TRAVIS** 15. CITY/TOWN, ZIP (If OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) **AUSTIN, 78759** 16. FACILITY NAME (If not institution, give street address)

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED **BROTHER PERSON - BROTHER** 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) **5402 MCCANDLESS ST, AUSTIN, TX 78756**

19. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Mausoleum ☐ Other (Specify) **ALICIA WESTWORLD, BY ELECTRONIC SIGNATURE - ASDF**

20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH **MY MANTAL** 21. ☒ Unknown: Section _____ Back _____ List _____ Space _____

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) **AUSTIN, TX** 23. LOCATION (City/Town, and State)

24. NAME OF FUNERAL FACILITY **FINAL DESTINATION FUNERAL HOME - AUSTIN** 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) **1234 POND SPRINGS ROAD, AUSTIN, TX 78750**

26. CERTIFIER (Check only one) ☐ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☒ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

27. SIGNATURE OF CERTIFIER **MAJOR MAJOR, BY ELECTRONIC SIGNATURE** 28. DATE CERTIFIED (mm-dd-yyyy) **04/30/2018** 29. LICENSE NUMBER **J4545** 30. TIME OF DEATH (Actual or presumed) **08:30 AM**

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) **MAJOR MAJOR, 300 WEST 49TH STREET, AUSTIN, TX 78705** 32. TITLE OF CERTIFIER **MD**

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. PRIMARY IMMEDIATE CAUSE OF DEATH** Due to (or as a consequence of): **MINUTES**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST **b. SUPPORTING CAUSE OF DEATH** Due to (or as a consequence of): **DAYS**

c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH Due to (or as a consequence of): **MONTHS**

d. IF YOU NEED ADDITIONAL CAUSES OF DEATH, FILE A MEDICAL AMENDMENT **YEARS**

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. **34. WAS AN AUTOPSY PERFORMED?** ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

36. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined

37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ No ☐ Probably ☐ Unknown

38. IF FEMALE: ☐ Not pregnant within past year; ☐ Pregnant at time of death; ☐ Not pregnant, but pregnant within 42 days of death; ☐ Not pregnant, but pregnant 43 days to one year before death; ☐ Unknown if pregnant within the past year

39. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

40a. DATE OF INJURY (mm-dd-yyyy) **40b. TIME OF INJURY** **40c. INJURY AT WORK?** ☐ Yes ☒ No **40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)**

40e. LOCATION (Street and Number, City, State, Zip Code) **40f. COUNTY OF INJURY**


41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO. **42b. DATE RECEIVED BY LOCAL REGISTRAR** **42c. REGISTRAR** **42d. REGISTRAR**

VS-112 REV 1/2006

Review the Document. Double check the Demographic information. Close the document once you are done reviewing it.

[Skip to main content](#) GLOBAL DEATH LogOut

 **TEXAS**
Health and Human Services

Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: Pending Demographic Verification DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Help tips

Demographic Verification

DECEDENT'S INFORMATION	
First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	
Prefix:	
Sex:	UNKNOWN
Date Of Birth:	01/01/1901

DEATH INFORMATION	
Date of Death:	04/27/2018
Funeral Director:	ALL
Place of Death:	SETON NORTHWEST HOSPITAL

Running checks for DTP. Please wait...


Preview Cancel Verification

Field Name
Field Status:
Action:
Retrieving Record

The system will run a check to make sure the record was never dropped to paper (DTP).

Step 17: Click "Verification" to open the verification section.

[Skip to main content](#) GLOBAL DEATH LogOut

 **TEXAS**
Health and Human Services | Texas Department of State Health Services

FUNCTIONS **RECORD** **TOOLS** **HELP**

Demographic Verification **DEMOGRAPHIC DATA ENTRY** Unresolved Work Queue: PERSON, ANY, 2018/04/27

Demographic Verification

DECEDENT'S INFORMATION

First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	
Prefix:	
Sex:	UNKNOWN
Date Of Birth:	01/01/1901

DEATH INFORMATION

Date of Death:	04/27/2018
Funeral Director:	ALICIA WESTWORLD
Place of Death:	SETON NORTHWEST HOSPITAL

PLEASE ENTER PIN Preview Cancel Verification

☐ I verify that to the best of my knowledge the demographic information on this record is complete and accurate

Verifier Pin:

Forgot PIN Ok Cancel

The Verification Pin section will expand.

Step 18: Click the box to indicate you have reviewed the Demographic Information.

Step 19: Enter your 6 digit PIN.

What if I forgot my Pin?
Click Forgot Pin and your Pin will be emailed to the address associated with your account.

Step 20: Click "Ok"

Skip to main content GLOBAL DEATH LogOut

TEXAS Health and Human Services Texas Department of State Health Services FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: Pending Demographic Verification DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27

Help tips

Demographic Data Entry Form:

- First Name: _____
- Middle Name: _____
- Last Name: _____
- Generational ID: _____
- Prefix: _____
- Sex: _____
- Date Of Birth: _____
- Date of Death: _____
- Funeral Director: _____
- Place of Death: _____

Death Registration

Are you sure you are ready to verify the record?

PLEASE ENTER PIN

☒ I verify that to the best of my knowledge the demographic information on this record is complete and accurate

Verifier Pin:

System Check: The system will double check you are ready to verify the record.

Step 21: Click "YES"

Skip to main content GLOBAL DEATH LogOut

TEXAS Health and Human Services Texas Department of State

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182

Help tips

After Demographic Verification is complete; the system will go back to the record screen.

GRAPHIC DATA ENTRY

Comments

Unresolved List / Stakeholders

- ✓ Demographic 1
- ✓ Demographic 2
- ✓ Demographic 3
- ✓ Demographic 4
- ✓ Demographic 5
- ✓ Medical 1
- ✓ Medical 2
- ✓ Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action: Retrieving Record

AGE IS BETWEEN 100 && 135 YEARS. PLEASE VERIFY. - NO COMMENT

Previous Next

Search
New
Save
Print
Relinquish
Cancel
Designate Medical Certifier
Refer to JP/Medical Examiner
Demographic Verification
Release
De-verify
Abandon
Order Additional Death Certificates

Step 22: Click "Record" and then select "Release"

https://txever.dshs.texas.gov/TxEVERUI/death/gui/Demographic Data Entry/DemographicDataEntry.aspx#

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: 00000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: Pending Demographic Verification

Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Help tips

Comments

4/27/2018 2:04:16 PM AW AGE IS BETWEEN 100 & 135

Enter PIN

Pin.....

Ok Cancel

Previous Next

Activity:

Field Name:

Field Status:


Action:

Retrieving Record

Step 23: Enter your PIN again and Click "Ok"

What if I forgot my Pin?
Contact your local TxEVER administrator or the TxEVER Helpdesk to have your Pin Emailed to you.

[Skip to main content](#)
GLOBAL
DEATH
LogOut


TEXAS
 Health and Human Services

Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: Filing Deadline: Unresolved Work Queue Filter: DEMOGRAPHIC DATA ENTRY Unresolved Work Queue:

--Select a value-- Day(s) --Select a value-- --Select a value-- 0

Help tips

Unresolved List / Stakeholders

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action:

Default Mode:

Death Registration

Record released successfully.

OK

Prefix:

--Select a value--

Middle Name:

--Select a value--

Generational ID:

--Select a value--

DATE OF DEATH

Date of Death Type:

--Select a value--

Date of Death:

--Select a value--

TIME OF DEATH

Time Of Death Type:

--Select a value--

Time Of Death:

--Select a value--

Time Of Death Indicator:

--Select a value--

DECEDENT'S SEX

Sex:

--Select a value--

Maiden Last Name:

--Select a value--

DECEDENT'S DATE OF BIRTH

Date Of Birth:

--Select a value--

Age Units:

--Select a value--

Age:

--Select a value--

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only)

--Select a value--

County Of Birth:

--Select a value--

City Of Birth:

--Select a value--

DECEDENT'S SSN

SSN:

--Select a value--

Social Security Missing Value Variable:

--Select a value--

SSN Verification Status:

--Select a value--



STATE BATCH PRINT

State File Date

04/30/2018

State File Number For 2017 Year

00000018

State File Number For 2018 Year

00000247

- ☒ All previously not printed.
☐ All previously printed.

FN

FN

FN

Submit

Object	State File Number	State File Date	State Print	Location	Facility Name	Decedent	Relationship	Birth Date	Death Date	Year	General Disposition
<input checked="" type="checkbox"/>			Unprinted	Unprinted	FINAL DESTINATION FUNER	PERSON, ANY	MOTHER, VERY	04/27/2018	2018	WESTWO	

Print

Clear

State Reviews and Accepts



BURIAL TRANSIT PERMIT

FH - BTP FOR A NATURAL COD

The screenshot displays the Texas Department of State Health Services web application interface. At the top, the 'DEATH' module is selected in the navigation bar. A red box highlights the 'DEATH' tab with the text: "Step 1: Select Death Module Tab to obtain the Burial Transit Permit." Below the navigation bar, there is a search bar and a 'Please enter Date Of Death' message. The main content area shows a list of unresolved items with checkboxes for Demographic 1 through 5 and Medical 1 through 3. A 'Comments' section is visible, containing two entries dated 4/2/2018 9:51:32 AM, both marked as 'MMAJOR'. The 'Record' menu is open, showing options like Search, New, Save, Print, Relinquish, Cancel, Designate Medical Certifier, Refer to JP/Medical Examiner, Demographic Verification, Release, De-verify, Abandon, and Order Additional Death Certificates. A red box highlights the 'Print' menu with the text: "Step 2: Click 'Record' then select Burial Transit Permit from Print menu". The 'Burial Transit Permit' option is highlighted in the 'Print' menu.

Step 1: Select Death Module Tab to obtain the Burial Transit Permit.

Step 2: Click "Record" then select Burial Transit Permit from Print menu

FH - BTP FOR UN-NATURAL COD

[Skip to main content](#) GLOBAL DEATH [LogOut](#)

TEXAS
Health and Human Services
Texas Department of State Health Services

Step 1: Select Death Module Tab to obtain the Burial Transit Permit.

FUNCTIONS RECORD HELP

Search
New
Save
Print
Relinquish
Cancel
Designate Medical Certifier
Refer to JP/Medical Examiner
Demographic Verification
Release
De-verify
Abandon
Order Additional Death Certificates

Death Certificate Worksheet
Burial Transit Permit
Report of Death
Verification of Death Facts

Step 2: Click "Record" then select "Burial Transit Permit" from Print menu

Unresolved List / Stakeholders

- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3

Comments


Activity:
Field Name:
Field Status:
Action:
Retrieving Record


Comments

4/2/2018 9:51:32 AM : MMAJOR
DECEDENT&'S ACTUAL FIRST NAME SHOULD BE SAME AS PRESUMED FIRST NAME, PLEASE VERIFY


4/2/2018 9:51:32 AM : MMAJOR
DECEDENT&'S ACTUAL LAST NAME SHOULD BE SAME AS PRESUMED LAST NAME, PLEASE VERIFY

[Skip to main content](#) GLOBAL DEATH 📍 | 👤 | 🏠 | [LogOut](#)

 **TEXAS**
Health and Human Services | Texas Department of State Health Services

FUNCTIONS ▾ RECORD ▾ HELP ▾ 

EDR: 000000000114 Filing Deadline: 0 Day(s) Unresolved Work Queue Filter: --Select a value-- DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: BOOM, BABY, 04/03/2018 1

 Please enter Date Of Death

Unresolved List / Stakeholders

- ✓ Demographic 1
- ✓ Demographic 2
- ✓ Demographic 3
- ✓ Demographic 4
- ✓ Demographic 5
- ✓ Medical 1
- ✓ Medical 2
- ✓ Medical 3
- Comments

Activity:

Field Name:

Field Status:

Action: Viewing Record

GENERAL INFORMATION		
State File Number:	Birth State File Number:	Record Type:
0002432018		IDENTIFIED

Death Registration ✕

Request for burial transit permit printing initiated successfully.

OK

DATE OF DEATH	
Date of Death Type:	Date of Death:
ACTUAL DATE OF DEATH	04/03/2018

DECEDENT'S SEX	
Sex:	MALE
Maiden Last Name:	

DECEDENT'S BIRTHPLACE		DECEDENT'S SSN	
State/Country: (Please click checkbox to filter countries only)		SSN:	
<input type="checkbox"/> TEXAS		Social Security Missing Value Variable: UNKNOWN	
County Of Birth:	TRAVIS	SSN Verification Status:	
City Of Birth:	AUSTIN		
City(Other):			

Step 4: Click "OK" to complete the submission for a "Burial Transit Permit" request

LOCAL REGISTRAR - BTP QUEUE

[Skip to main content](#) GLOBAL BIRTH **DEATH** FEE

TEXAS
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REGADMIN AUSTIN , welcome of State H


FUNCTION TOOLS HELP


- [General Data Entry](#)
- [Local Print Queue](#)
- [Local Burial Transit Permit Queue](#)
- [Local Acceptance Queue](#)
- [Local Processes](#)
- [Switch Location](#)
- [Exit Application](#)

Step 1: Select Death Module Tab to obtain the Local Burial Transit Permit Queue.

Step 2: Click "Function" then select "Local Burial Transit Permit Queue"

[Skip to main content](#) GLOBAL BIRTH DEATH FEE 📍 | 👤 | 🏠 | [LogOut](#)

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[FUNCTIONS](#) [RECORD](#) [TOOLS](#) [HELP](#) 

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Local Burial Transit Permit Queue

Date Permit Requested

From Date: * To Date: *

Funeral Home Name

Funeral Home Name

Step 3: Enter the date value at which a "Burial Transit Permit" request was submitted

Step 4: Click the "Search" button to retrieve requests

This new screen will appear with all Burial Transit Permit requests submitted to your office.



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Health Services

FEE

LogOut

FUNCTIONS RECORD TOOLS HELP



Local Burial Transit Permit Queue

Date Permit Requested

From Date: 01/01/2018

To Date: 05/09/2018



Step 5: Select one of the requests showing in the result window

Search

Clear

Request Date	Funeral Home Name	Manner Of Death	Date Of Death	Decedent Name	Notes
04/02/2018	WEED-CORLEY-FISH FH NORTH-AUS	PENDING INVEST	03/20/2018	MORRIS, PHILLIP	

Page 1 of 1

Displaying Records 1 - 1 of 1

Step 6: Review the request and click the Green Check Mark (✓) or the "Accept" button to accept the request.

Accept

Reject

Decedent's Name: MORRIS, PHILLIP

Sex: MALE

Place Of Death: SETON NORTHWEST HOSPITAL

Funeral Director Name: GAETAN CARPENTIER

Manner Of Death: PENDING INVESTIGATION

Request Date: 04/02/2018

Date Of Death: 03/20/2018

Method Of Disposition: CREMATION

Name Of Cemetery/Crematorium: NEPTUNE SOCIETY CREMATION SERVICE-AUSTIN

Funeral Home Name: WEED-CORLEY-FISH FH NORTH-AUSTIN

Resubmit Notes:



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[FUNCTIONS](#) [RECORD](#) [TOOLS](#) [HELP](#)



Local Burial Transit Permit Queue

Date Permit Requested

From Date: * 01/01/2018

To Date: * 05/09/2018

Funeral Home Name

Funeral Home Name:

Request Date	Funeral Home Name
04/02/2018	WEED-CORLEY-FISH FH NORTH-AUS

Burial Permit Queue

Record accepted successfully.

OK

Page 1 of 1

Displaying Records 1 - 1 of 1

Decedent's Name

Sex:

Place Of Death:

Funeral Director Name:

Manner Of Death:

Request Date:

MODRIC, DUNN, LUB

Step 7: Click "Ok"

GAETAN CARPENTIER

PENDING INVESTIGATION

04/02/2018

Date Of Death:

Method Of Disposition:

Name Of Cemetery/Crematorium:

Funeral Home Name:

Resubmit Notes:

03/20/2018

CREMATION

NEPTUNE SOCIETY CREMATION SERVICE-

AUSTIN

WEED-CORLEY-FISH FH NORTH-AUSTIN

Accept

Reject

FH - RETRIEVE BTP FROM PRINT QUEUE

In the meantime, the Funeral Home user should receive an email notification containing the status of the Burial Transit Permit Request status.

From: NO_REPLY@genesisisinfo.com

Sent: Thursday, May 10, 2018 1:50:03 PM (UTC-06:00) Central Time (US & Canada)

To: Carpentier,Gaetan (DSHS); Carpentier,Gaetan (DSHS)

Cc: Moshier,Juanita (DSHS)

Subject: Burial Transit Permit accepted by Local Registrar

WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Burial Transit Permit **accepted** by Local Registrar.




Electronic Death Record #00000000000085


Decedent Name: PHILLIP MORRIS

Date of Death: 03/20/2018

Place of Death: SETON NORTHWEST HOSPITAL


This is an automatically generated E-mail. Please do not 'Respond' to this E-mail as a response by E-mail will not be processed.

[Skip to main content](#) GLOBAL DEATH    [LogOut](#)

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Health and Human Services | Texas Department of State Health Services

GAETAN CARPENTIER Department of State

Step 1: Select Death Module Tab to obtain the Local Burial Transit Permit Queue.

FUNCTION **TOOLS** **HELP** 


- [Demographic Data Entry](#)
- [Facility Statistical Correction](#)
- [Permit Print Queue](#)
- [Funeral Home Processes](#)
- [Switch Location](#)
- [Exit Application](#)

[Show Dashboard](#)

Step 2: Click "Function" then select "Permit Print Queue"


[Skip to main content](#)


[GLOBAL](#)[DEATH](#)




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Health Services

FUNCTIONS 

RECORD 

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Funeral Home Permit Print Queue

Permit Filter

Request Status

--Select a value--

Burial Transit Permit

Disinterment Permit

☒ All previously not printed.


☐ All previously printed.

SFN Year:

SFN From:

SFN To:


Submit

--Select a value--

Accepted

Rejected

InValidated

Burial Transit Permit 

Burial Transit Permit

Disinterment Permit

Step 3: Click the dropdown arrow and select a value from the

Step 4: Click the dropdown arrow and select a value from the

Step 5: Click the "Submit" button

This new screen will appear with all Burial Transit Permit requests.

Health and Human
Services

Health Services

FUNCTIONS ▾
RECORD ▾
TOOLS ▾
HELP ▾

Funeral Home Permit Print Queue

Permit Filter Burial Transit Permit ▾

Request Status Accepted ▾

☒ All previously not printed.

☐ All previously printed.

Request Date From: * _/_/

Request Date To: * _/_/

Submit

Step 6: Select one of the requests showing in the result window

FH Print	Local Print	Facility Name	Decedents Name	Date Of Death	Status	Notes	Processed On	Processed By
UNPRINT	NA	WEED-CORLEY-FISH FH NC	MORRIS, PHILLIP	03/20/2018	ACCEPTED		05/10/2018	AUSTINREGAL

⏪ ⏴ | Page 1 of 1 | ⏵ ⏩ 🔄

Displaying Records 1 - 1 of 1

Request Status

Decedent's Name

Sex

Notes:

Date Of Death:

Method Of Disposition:

Name Of Cemetery/Crematorium:

Funeral Home Name:

ACCEPTED

MORRIS, PHILLIP

MALE

SETON NORTHWEST HOSPITAL

GAETAN CARPENTIER

03/20/2018

CREMATION

NEPTUNE SOCIETY CREMATION SERVICE-
AUSTIN

WEED-CORLEY-FISH FH NORTH-AUSTIN

Print

Clear

Step 7: Click the "Print" button



Funeral Home Permit Print Queue

Permit Filter

Request Status

☒ All previously not printed.

☐ All previously printed.

Request Date From: *

Funeral Home Print Queue

Record successfully marked to indicate that the funeral home copy has printed. The document will now load as a PDF document.

OK

FH Print	Local Print	Facility Name
UNPRINT	NA	WEED-CORLEY

Processed On	Processed By
10/10/2018	AUSTINREGA

Page 1 of 1

Displaying Records 1 - 1 of 1

Request Status: ACCEPTED

Decedent's Name: MORRIS, PHILLIP

Sex: MALE

Facility Name: SETON NORTHWEST HOSPITAL

Funeral Home Name: GAETAN CARPENTIER

Notes:

Date Of Death: 03/20/2018

Method Of Disposition: CREMATION

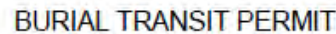
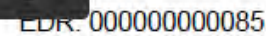
Name Of Cemetery/Crematorium: NEPTUNE SOCIETY CREMATION SERVICE-AUSTIN

Funeral Home Name: WEED-CORLEY-FISH FH NORTH-AUSTIN

Print

Clear

Step 8: Click the "OK" button



WARNING

This is a government document. Texas Penal Code, Section 37.10, prohibits penalties for making false entries or providing false information in this document.

Code Sec. 181.2(b). "If a dead body or fetus is to be removed from this state, transported by common carrier, interred in another state, or otherwise disposed of outside this state, the funeral director, or person acting as such, shall obtain a burial-transit permit from the local registrar ifed, or from the state registrar electronically through a Bureau of Vital Statistics electronic death record system, before removing the body from this state. A burial-transit permit shall not be issued until a certificate of death, completed in so far as possible, has been filed with the registrar."*

by the registrar as needed. A copy of this permit is to accompany the body in need for the issuance of a Burial-Transit Permit.

If an incomplete death certificate is used to obtain the Burial Transit Permit, the registrar will validate that the body is no longer needed by the certifier of cause of death before issuing the permit, to ensure that a completed death certificate will be received. "Completed in so far as possible" means the information relating to the deceased, including the name, date of death, place of death and funeral director's information is completed. In a few instances, the cause of death may not be completed. It is the responsibility of the person presenting the Certificate of Death, and obtaining the Burial Transit Permit, to assure that the fully completed Certificate of Death is filed as soon as possible.

In accordance with state statute, before a dead body can be cremated, a Cremation Authorization must be signed and issued by the medical examiner or justice of the peace of the county in which the death occurred showing that an autopsy was performed or that no autopsy was necessary. If an inquest is being conducted by the medical examiner or justice of the peace, authorization for cremation from the medical examiner or justice of the peace is required.

[HSC §193.008, 25 TAC §181.2, §181.3]

V8-118T Revised 8/2004

APPENDIX

Unresolved Work Queue Filters

- **All Unresolved:** Unresolved Work Queue will list all records that are unresolved for any reason.
- **Awaiting Medical Certification:** Unresolved Work Queue will display all records that are waiting for the Medical Certification.
- **Medical Amendment:** Unresolved Work Queue will display all records that have a medical amendment started and are waiting for completion.
- **Medical Data Entry Incomplete:** Unresolved Work Queue will display all records that are waiting the medical data to be completed.
- **Pending Cause of Death:** Unresolved Work Queue will display all records that have been flagged with a Pending cause of death.
- **Records Filed with Registrar:** Unresolved Work Queue will display all records that are waiting on the Local Registrar to accept and print.
- **Rejected:** Unresolved Work Queue will display all records that were rejected by either the medical certifier, state registrar, or the local registrar.
- **Sent to Medical Examiner:** Unresolved Work Queue will display all records that are waiting for the medical examiner.
- **Submitted to Funeral Establishment:** Unresolved Work Queue will display all records that were started by a medical examiner or justice of the peace and have been assigned to the funeral establishment to complete.